FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY									
(1) CARYL CASEY HATTAN Name	OFFICE USE ONLY RCVD JAN 4'10								
(2) <sub>7790 NW 31 St</sub> Address (number and street)									
Davie, F1_33024-2203 City, State, Zip Code									
<ul><li>CHECK IF ADDRESS HAS CHANGED</li><li>(4) Check appropriate box(es):</li></ul>	(3) ID Number: <u>00000</u>								
Check appropriate box(es):  ☐ Candidate (office sought): ☐ Political Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee ☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED									
(5) REPORT IDENTIFIERS									
Cover Period: From 10 / 01 / 09 To 12 / 31 / 09 Report Type Q4  Original Amendment Special Election Report Independent Expenditure Report									
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT								
Cash & Checks \$	Monetary Expenditures \$0								
Loans \$	Transfers to Office Account \$								
Total Monetary \$ 250.00	Total Monetary \$								
In-Kind \$	0								
	(8) Other Distributions \$0								
(9) TOTAL Monetary Contributions To Date  \$ 7,865.00	(10) TOTAL Monetary Expenditures To Date \$3,175.39								
(11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)									
I certify that I have examined this report and it is true, correct, and complete.  I certify that I have examined this report and it is true, correct, and complete.									
Type name)  CARYL CASEY HATTAN  Individual (only for electioneering commun.)  Treasurer Deputy Treasurer  Deputy Treasurer	(Type name)  CARYL CASEY HATTAN  Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  Alu Hattau								
Signature /	Signature Signature								

## CAMPAIGN I REASURER'S REPURI - II EMIZED CONTRIBUTIONS

(1) Name _		CARYL CASEY HATTAN		(2) I.D. Number00000			000			
(3) Cover Pe	riod	10	/ 01	/ 09	throu	gh 12 /	31 / 09	(4) Page	1 (	of 1
(5)			(7)			(8)	(9)	(10)	(11)	(12)
Date		Full Name								
(6)				, Middle)						
Sequence Number			et Addres			ontributor Occupation	Contribution	In-kind	Amendment	A
Number		BEW Edi	State, Zip	mittee	Туре В	Occupation	Type che	Description	Amendment	Amount 250.00
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## £ - + 1 **CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES** (2) I.D. Number \_\_\_\_\_\_00000 (1) Name <u>CARYL CASEY HATTAN</u> (3) Cover Period 10 / 01 / 09 through 12 / 31 / 09 (4) Page 1 of 1 (7) (8) (9) (10) (11) (5) **Date Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) **Expenditure** Street Address & contribution to a Sequence Type candidate) City, State, Zip Code Amendment Amount Number NOTHING TO REPORT THIS FORM

DS-DE 14 (Rev. 08/03)